Medication Without Harm: WHO's Third Global Patient Safety Challenge

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For the **WHO Global Patient Safety Challenge on Medication Without Harm** see http://www.who.int/patientsafety/medication-safety/en/

In 1960, Alphonse Chapanis, turned his attention from engineering to health care. In a study of medication-related errors in a 1100-bed hospital,[1] he and his colleague identified seven sources of such errors potentially leading to harm to a patient: medicine omitted, or given to the wrong patient, at the wrong dose, as an unintended extra dose, by the wrong route, at the wrong time, or as the wrong drug entirely. Almost 60 years later, these same types of errors still happen worldwide. Later that year in a follow-up policy paper,[2] Chapanis identified four areas of recommendations that could prevent harm and remain relevant today: written communication, medication procedures, the working environment, training, and education. Indeed, it is difficult to avoid the conclusion that had the recommendations from this revelatory patient safety research been assiduously followed over the past five decades, hundreds of thousands fewer patients would have been killed or seriously harmed by the medicines intended to make them well.

Beginning in 2004, WHO, working in partnership with the then World Alliance for Patient Safety, initiated two Global Patient Safety Challenges, Clean Care is Safer Care[3] and Safe Surgery Saves Lives.[4] These challenges mobilised worldwide commitment and action to reduce health-care-associated infections and risk associated with surgery, respectively. At the second Global Summit of Health Ministers on Patient Safety in Bonn, Germany, on March 29, 2017, the Director-General of WHO announced that the Third Global Patient Safety Challenge, Medication Without Harm, would address medication safety.[5]

The previous challenges secured strong and early commitment from health ministers, professional bodies, regulators, health leaders, civil society, and health-care practitioners. The action required to deliver the goals of each was broadly similar: an evidence-based analysis of the key problems and solutions; an invitation to WHO member states and other relevant parties to pledge, or sign-up, to address the aims of the challenge; high-profile actions to generate passion and enthusiasm; facilitation

of implementation by the WHO secretariat and associated experts and advisers; and strong leadership and extensive internal and external communication. Formal evaluations of impact and outcome were more complex to undertake, but studies that were done gave encouraging results.[6,7] For example, Clean Care is Safer Care eventually secured ministerial pledges that covered 85% of the world's population. This campaign took on many of the characteristics of a social movement.

Now the Third Global Patient Safety Challenge seeks the commitment of health ministers, health-system leaders, and a range of stakeholders, including educational institutions, experts, medicines regulators, researchers, pharmaceutical companies, patient representative bodies, and professional organisations. Its goal will be to reduce the level of severe, avoidable harm related to medications by 50% over 5 years, globally.

The action will fall into three categories. First, countries will be asked to target three priority areas: high-risk situations, polypharmacy, and transitions of care. Second, health ministries will be invited to convene experts in their countries to design specific programmes of action for improving safety in each of four domains in which a medications can cause inadvertant harm: health care professionals' behaviour; systems and practices of medication; medicines; patients and the public. Third, WHO will use its global convening and advocacy role to pursue successful outcomes in a range of areas, including: strengthening the quality of data to monitor medication-related harm; providing guidance and developing strategies, plans, and tools to ensure that the medication process has the safety of patients at its core in all health-care settings; producing a strategy for setting out research priorities; monitoring and evaluating the impact of the challenge; continuing to engage with regulatory agencies and international actors to improve medication safety through improved packaging and labelling; and designing tools and technologies that empower patients to safely manage their own medications.

Health ministers who commit to address this challenge will be invited to designate a national coordinator to spearhead the Global Patient Safety Challenge on Medication Without Harm in their country. Excellent professional leadership will be crucial for success. Throughout the implementation process, WHO will also seek to emphasise the special problems of medication-related harm in low-income and middle-income countries.

Worldwide, medication errors cost an estimated US$42 billion annually.[8] This is 0·7% of the total global health expenditure.[8] A conservative estimate by the US Institute of Medicine, in 2007, gave the total additional annual cost of treating hospitalised patients in the USA as $3·5 billion.[9] This serious source of avoidable harm and death has stalked health care since it was clearly delineated 60 years ago. The time to stop it is long overdue.

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